

Adapt of Missouri  
ITCD

Bootheel Counseling Services  
ITCD, DBT

Burrell Behavioral Health  
ACT, ACT-TAY, SPECIALTY  
TEAMS, ITCD, DBT

BJC Behavioral Health  
ACT TAY, ITCD

Clark Mental Health Center  
ITCD

Compass Health  
ACT, ACT-TAY, SPECIALTY  
TEAMS, ITCD, DBT

Community Counseling Center  
ITCD

Comprehensive Health Systems  
Inc.  
ITCD

Comprehensive Mental Health  
ITCD

Comtrea  
ITCD, DBT

Family Counseling Center  
ITCD

Family Guidance Center  
ACT, ITCD

Hopewell  
ACT TAY, ITCD

Independence Center  
ITCD

Mark Twain Behavioral Health  
ITCD, DBT

Mineral Area  
ITCD

New Horizons  
ITCD

North Central MHC  
ITCD

Ozark Center  
ACT, ACT-TAY, ITCD, DBT

Ozarks Healthcare  
ITCD

Places for People  
ACT, FACT, ITCD, DBT

Preferred Family Healthcare  
ACT TAY, ITCD, DBT

ReDiscover  
ITCD, DBT

St. Patrick Center  
ACT

Swope Health Services  
ITCD

Tri-County Mental Health  
ITCD, DBT

Truman Behavioral Health  
ITCD, DBT

# Evidence Based Services Newsletter

- **ASSERTIVE COMMUNITY TREATMENT (ACT) WEB—[CLICK HERE](#)**
- **INTEGRATED TREATMENT FOR CO-OCCURRING DISORDERS (ITCD) WEB—[CLICK HERE](#)**
- **DIALECTICAL BEHAVIOR THERAPY (DBT) WEB—[CLICK HERE](#)**

WINTER 2022

EDITION 2

## Hello from DMH by Nora Bock

Greetings, readers! Lori asked more than a month ago if I'd want to say hello to your readership and I, of course, accepted. Not unlike others who have gone before me, I struggled with "what to write about." Odd, since I usually find something to ramble about on Fridays when we issue FYIF, but there's something about the pressure, I suppose!

Maybe that's a topic itself: the pressure to do or say something of value. And value is all about perception. Many of us would like people to perceive us as contributing something meaningful to the world – whether that contribution is large or small. Others, however, don't really care what others perceive...they aren't contributing because of the praise it may garner, but rather because they believe that what they do is the

right thing to do and that it will influence an outcome(s) positively. It doesn't mean one approach or motivator is better than the other, so long as your contributions are still genuine.

What I have found over and over in the behavioral health field here in Missouri is genuineness...a real concern about the welfare of humans, a true calling to help others, an honest desire to make use of our skills, abilities, lessons learned, and life experiences and apply them to our work. I expect that is true of most of you reading this today. Allow me to thank you for your genuine care, concern, and contributions to help individuals with MI and/or SUD find a recovery that is meaningful to them!



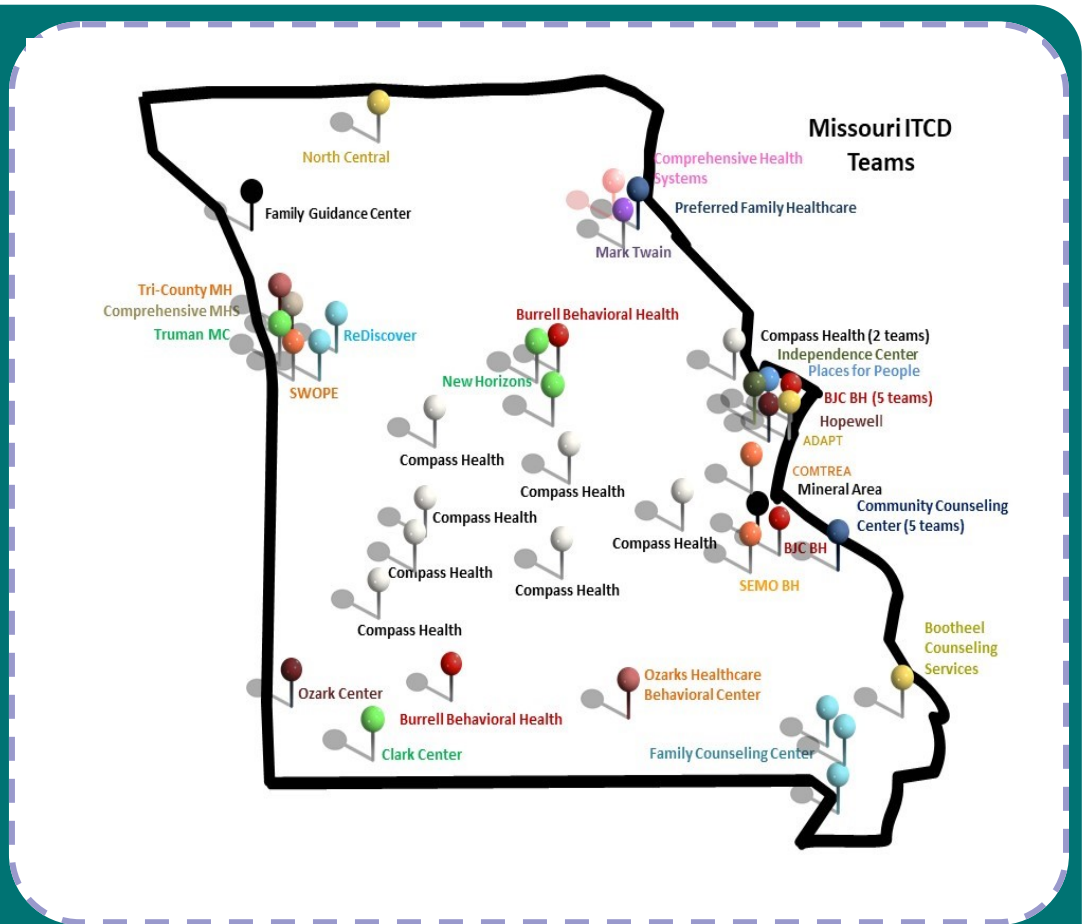
To find past issues of the Newsletters go to the DMH web pages at:

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/provider-act>

Or

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/itcd>

Scroll down to “newsletters” and find your archived online copy!



## Conducting ITCD Groups

Taken from *Integrated Treatment for Dual Disorders* by Mueser, Noordsy, Drake & Fox

“The therapeutic principles that guide active treatment groups differ to some extent from those of persuasion groups. In persuasion groups, clients are at a relatively fragile point during the process of recovery from a substance use disorder. They have often been only recently engaged in treatment; their tolerance for discussing substance-use-related topics may be limited; and they are often highly sensitive to criticism or perceived social challenges. Clients in active treatment groups are less vulnerable, with higher tolerance for conflict and less susceptibility to spontaneously dropping out of treatment. Consequently, in comparison to persuasion groups, the therapeutic principles of active treatment groups involve addressing substance abuse, and related problems more directly and focusing specifically on strategies to promote further reduction of substance use or to maintain abstinence.”



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For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<https://dmh.mo.gov/mental-illness/provider/act>

And click on ACT & Transition Aged Youth

ITCD Toolkit from SAMHSA

<https://www.samhsa.gov/resource/ebp/integrated-treatment-co-occurring-disorders-evidence-based-practices-ebp-kit>

## TEAM MEMBER SPOTLIGHT

**Name:** Jessica Hedge

**Team/Location:** Behavioral Health Program (BHC) ITCD, Ozarks Healthcare servicing a seven-county region that includes Howell, Oregon, Shannon, Texas, Wright, Douglas, and Ozark Counties. Services are delivered in the home or at BHC facilities in West Plains, Mountain Grove, Mountain View, Houston and Thayer.

**Position/Role:** ITCD Specialist/ MCB Supervisor

**Favorite thing about working on an EBP team:** My favorite thing about working on an EBT is getting to get out in the community and really breaking through the barriers that have prevented people from getting services. I work with an AMAZING team that meets people where they are at, helps them address the things they want to change, and am honored to walk with them. Working from an EB team perspective really coordinates our care to let the client pick the services that they want, the duration of those services and helps support them as they make the choices for their futures.

**Favorite Food or activity:** I spend a lot of my time working with my dog, Mr. Apollo. He is a Harlequin Great Dane, with different colored eyes, and one ear up and one ear down. I get plenty of activity as he is more like a 145lb two year old toddler.

**Something to share with other EBP teams:** If I had any advice for other teams it would be get to know the cultures of the people you are servicing. I think a close second is coordinated education by fun learning activities to learn not just the material but the application of those modalities to offer each client the finest services by all of your whole team.

## Fidelity Corner

ACT Psychiatric Rehabilitation Service Level Penetration  
What level applies to your team?

**High:** At least 75% of reviewed sampled charts will have psychiatric rehabilitation documented in the progress notes. Rehabilitation will be commented on in the team meeting observation. A large breadth of rehabilitation is provided (social and communication skills training, household management, hygiene skills, safety skills, transportation skills, navigation skills, money management, etc.). Functional assessments are conducted to help determine impairments. Few or no clients are participating in non-ACT psychosocial programs (PSR, clubhouse, etc.) The specification of rehabilitative interventions will likely be very precise and descriptive for a team that has fully embraced this practice.

**Moderate:** Between 40% and 60% of sampled charts will have psychiatric rehabilitation documented in the progress notes. Rehabilitation will be commented on in the team meeting observation. The breadth of the rehabilitation service may be more limited, reflecting a less systematic implementation of rehabilitation; functional assessments may not be conducted.

**Low:** No or very few charts sampled have notes containing rehabilitation services; no mention of rehabilitation in observed daily team meeting, and lack of breadth of the service. Activities are not systematically delivered or follow from a plan.

The goal for full responsibility for Psychiatric Rehabilitation services on the ACT team is for 90% or more of clients in need of psychiatric rehabilitation services are receiving them from the team. (Adapted from the TMACT fidelity protocol)

You can receive specific technical assistance from DMH staff. They are happy to assist!

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**Online Manuals:**

<http://navigateconsultants.org/manuals/>

Find out more about the TMACT here:  
<http://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>

*At the Institute for Best Practices*

Have questions about WRAP trainings? Contact [lori.franklin@dmh.mo.gov](mailto:lori.franklin@dmh.mo.gov)

To request training from our YouTube recorded library,

[CLICK HERE](#)



## RESOURCES



### Center for Evidence-Based Practices at Case Western Reserve University

<http://www.centerforebp.case.edu/>

### Individual Resiliency Training (IRT)

<http://navigateconsultants.org/manuals/>

### Copeland Center for Wellness and Recovery

<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

### Division of Behavioral Health Employment Services

<https://dmh.mo.gov/mental-illness/employment-services>

### IPS Employment Center

<https://ipsworks.org/>

### Certified Peer Specialist

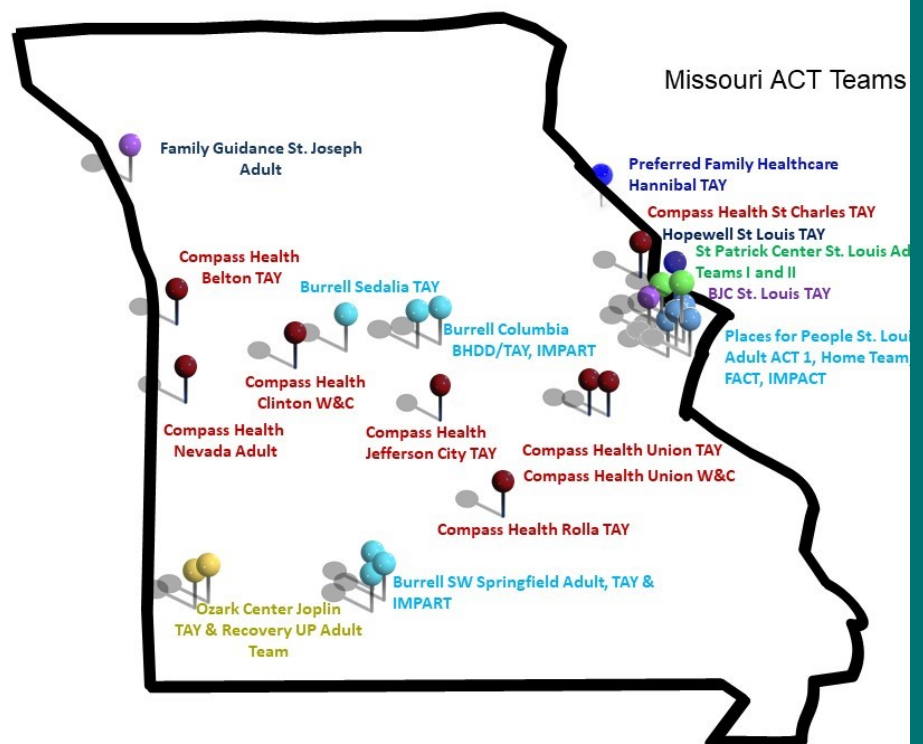
<https://dmh.mo.gov/mental-illness/peer-support-services>

### SSI/SSDI Outreach, Access and Recovery (SOAR)

<http://soarworks.prainc.com/>

### Institute for Best Practices (TMACT website)

<https://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>



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To access the free  
and downloadable  
**Supported Housing  
Toolkit** on the  
Substance Abuse  
and Mental Health  
Services Admin-  
istration  
(SAMHSA) web-  
site:  
**CLICK HERE**



Take the free  
**SOAR**  
online  
training  
course by  
visiting

<http://soarworks.prairinc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>

## DMH Spring Training Institute

May 19-20, 2022  
Live Online  
*Register Today!*

Don't miss out on the premiere behavioral health event on May 19-20, 2022.

The DMH Spring Training Institute will be brought to you in a virtual format again this year. The same great presentations and variety, but now from your office or home.

For more information and to see the schedule, go to:

**[SpringTrainingInstitute.com](http://SpringTrainingInstitute.com)**

### ACT Program Assistant Recipes

This is a caramel sauce recipe my family loves on everything. It is really good as a cake glaze/frosting. Also great for dipping apples and other treats. —Nia Thompson, PA Places for People IMPACT Team

#### Easy Caramel Sauce

##### Ingredients:

- 1 stick butter
- 1 cup brown sugar
- 1 tbsp water
- 1/4 tsp salt
- 1/3 - 1/2 cup evaporated milk depending on the consistency you want
- 1 tsp vanilla extract

#### Instructions

In a saucepan over medium heat, add your butter, brown sugar, water, and salt.

Bring to a full boil then immediately lower to a simmer (medium/low) for 5 minutes while stirring occasionally.

In a separate cup, add the vanilla extract to your evaporated milk. That way you can add it all in to the pot at once.

Once your mixture has been simmering for 5 minutes, remove it from the heat and slowly pour in your evaporated milk/vanilla mixture. It's going to bubble up like crazy but just keep stirring until it all comes together.

Make sure you cool it down before serving so it's not piping hot!

Notes: I like to start with adding only about 1/3 cup of the evaporated milk at first and then going from there. The sauce will thicken up as the caramel cools down. (I used 1/2 cup of the milk)

You can keep this in the fridge and just warm it up for about 20-30 seconds in the microwave when you're ready to use it.

MAKES 1.5 CUPS



## Missouri

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NAMI Support  
Group listings  
can be found  
at:

<https://namimissouri.org/support-groups/>



DBT website—information, membership, training events, certification, directory, resources, links and support!

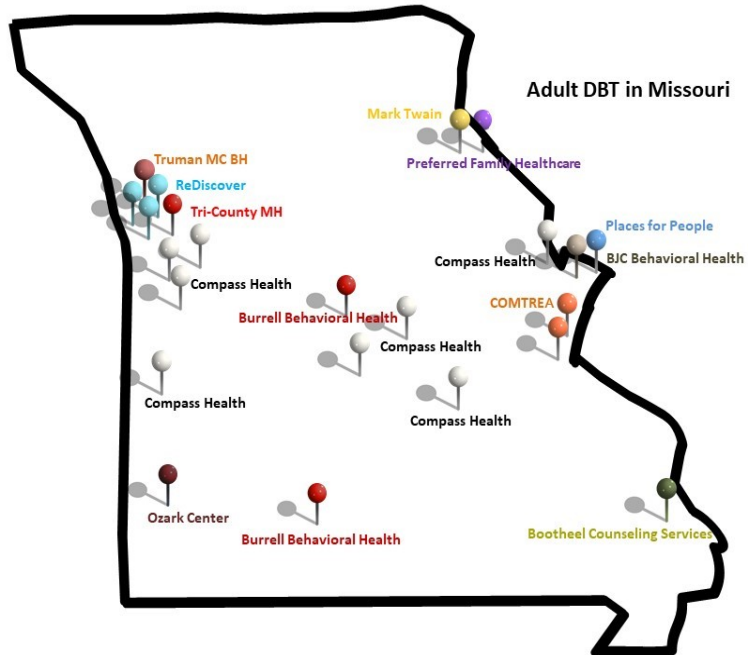
[Click Here](#)



Supporting Excellence in Behavioral Health

60 YEARS

<http://www.nasmhpd.org/content/early-intervention-psychosis-eip>



### Dialectical Behavior Therapy (DBT)



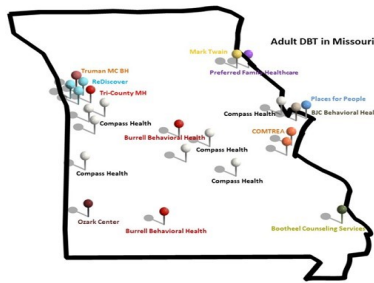
Services for individuals with chronic suicidal behavior, mood and behaviorally dysregulated, complex, and difficult to treat

- Effectively addresses severe mood and behavioral dysregulation, including suicide and self-harm.
- Evidence Based Practice
- Treatment developed by Marsha Linehan, Seattle WA
- Specialized individual therapy, skills training and coaching, and consultation for providers
- Staff trained in DBT treatment and principles
- Treatment is stage matched & person centered

*10% of adults with Borderline Personality Disorder die by suicide; 55-85% of them will self-injure their bodies*  
(National Education Alliance on BPD)

#### DBT MO FACTS

- 13 integrated health agencies providing DBT currently in the state
- Served over 300 individuals in 2021



How do we know if Missouri's DBT programs are true to the model?

#### The Continuum of Fidelity

Faithfulness to the DBT model of treatment

Low Fidelity High Fidelity

DMH partners with agencies to achieve high fidelity

High Fidelity = Positive outcomes for those receiving treatment

OUTCOMES are the KEY to RECOVERY:



Quality of Life, Social Adjustment, Functioning

Disengagement From Treatment, Hospitalizations, Self-injury, Substance Use, Eating Disorders

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**If you have any questions about further developing Motivational Interviewing in your practice, feel free to contact Scott Kerby. He has information on free and cost effective products and can help with your Motivational Interviewing needs.**

**[skerbyconsulting@gmail.com](mailto:skerbyconsulting@gmail.com)**

DMH begins DBT fidelity reviewing in 2022! Stay tuned for further information!

## Motivational Interviewing Corner

By Scott Kerby

Motivational Interviewing came about atheoretically—it did not start with a theory that then led to practice, but rather with practice that has been shown to work, with efforts now to better understand “why” MI works. One interesting theory of motivation that aligns closely with MI is Self-Determination Theory (SDT) proposed by Ryan and Deci in 2000. Over the past 20 years there has been a recognition of many parallels between MI and SDT, and better understanding SDT could enhance our practice of MI and help clients move towards change. SDT consists of two main aspects: the motivational continuum and basic human needs. Here is a quick look at each.

In SDT, the motivational continuum challenges the dichotomy of extrinsic and intrinsic motivation. Rather, it looks at motivation on a continuum that runs from “amotivation” on the far side of motivation, to intrinsic motivation that is enjoyable, interesting, and inherently satisfying on the other end of the spectrum. In between are varying degrees of extrinsic motivation where behaviors are increasingly self-regulated and self-actualized. An example provided by Paul Earnshaw goes like this: A person is advised to take up walking for health reasons (external reasons). As they start to walk they might start to see the benefits from walking and start to incorporate it into a daily routine (called introjected regulation). Their motivation might be further enhanced by joining a walking group, which starts to bring social, experiential, and health benefits (identified regulation). Eventually the person might start organizing walks or head a walking group committee (integrated regulation). This continuum would make a helpful tool to help clients better understand their own motivation, or lack of motivation, and help with practical planning to cultivate motivation.

The second aspect to SDT is areas of human need. SDT identifies 3 areas—autonomy, competence, and relatedness, which are all important to motivation. Competence is about feeling like you can do something. Autonomy relates to feeling as if you are control of your own behavior and outcomes. Finally, relatedness ties into feeling that people that matter to you are related to the behavior change. Earnshaw describes it in this way: A person that drinks will be unlikely to change until they take responsibility for managing their drinking (autonomy). In terms of competence, they also need to feel that they have the personal skills and resources to actually achieve this. Finally, motivation to change could be increased if the change is valued by people that are important to the individual, or if they get involved with a group that values the change.

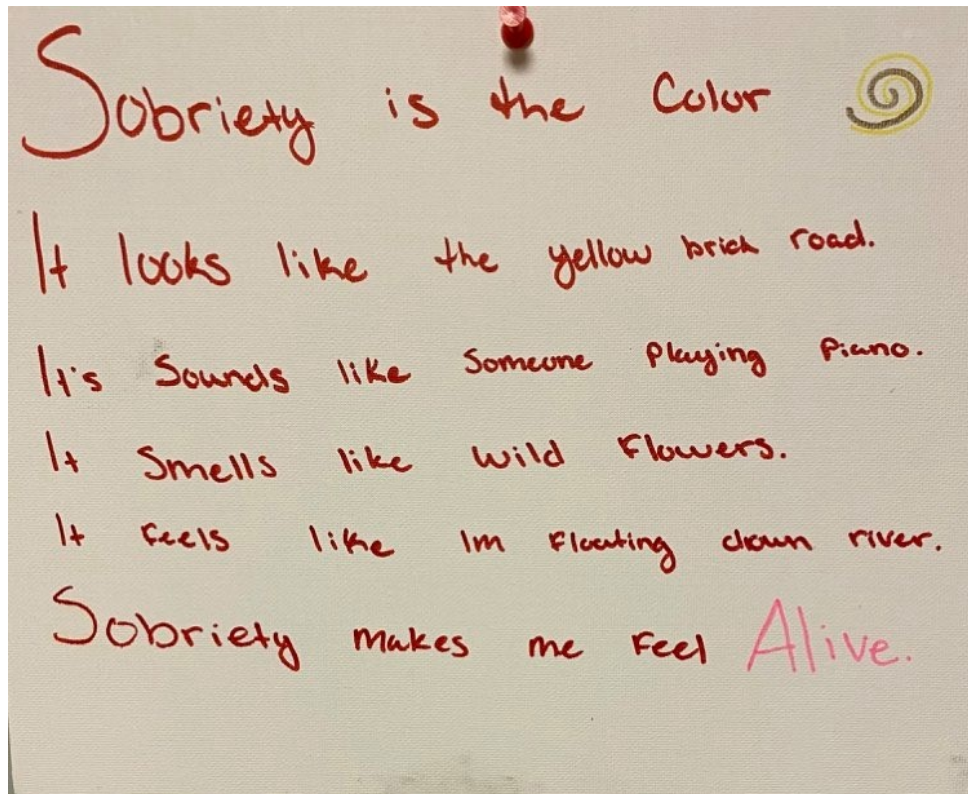
Self-Determination theory provides some interesting underpinnings that may partially capture the theory of why Motivational Interviewing works. Take some time to look further into SDT and see where it can add new depth to your practice and understanding of MI. For further learning, check out these articles: 1. Ryan, R.M. and Deci, E. L. (2000) “Intrinsic and extrinsic motivation: Classic definitions and new directions.” 2. Vansteenkiste, M, and Sheldon, K.M (2006). “There’s nothing more practical than a good theory: Integrating motivational interviewing and self-determination theory” *The British Journal of Clinical Psychology*





# Arts & Literature

Expression



Submitted by clients of Preferred Family  
Health ACT-TAY team

Creativity

SUBMIT ART, POETRY, PHOTOS, TESTIMONIALS, SHORT STORIES, PHOTOS OF PAINTINGS, SCULPTURE, ETC. TO [LORI.NORVAL@DMH.MO.GOV](mailto:LORI.NORVAL@DMH.MO.GOV), WITH YOUR PERSONS SERVED'S PERMISSION AND WHETHER THEY WISH TO HAVE THEIR NAME AND LOCATION LISTED ALONG WITH THE ART.